

Fond and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

July 3, 2013

QR s.r.l. % Mr. Claude Berthoin President Thelma USA 110 E. Granada Blvd., Suite 209 ORMOND BEACH FL 32176

Re: K130442

Trade/Device Name: NewTom VGi and NewTom 5G

Regulation Number: 21 CFR 892.1750

Regulation Name: Computed tomography x-ray system

Regulatory Class: II Product Code: OAS. Dated: June 5, 2013 Received: June 7, 2013

Dear Mr. Berthoin:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801): medical device reporting (reporting of medical device-related adverse events) (21 CFR 803): good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820): and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportalProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Janine M. Morris

Director

Division of Radiological Health Office of In Vitro Diagnostics

and Radiological Health

Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known):	K130442	
Device Name:	NewTom VGi	
Indications for Use:		
degree rotational sequences of temporo-mandibular-joint (TN cervical spine for use in diagn a three dimensional matrix of	f the head including the MJ), other areas of hum ostic support. The devious the examined volume and three dimensional is	x-ray imaging system that acquires a 360 eENT, dento-maxillofacial complex, an skull and neck with sections of upper ice accomplishes this task by reconstructing and producing two dimensional views of this mages. The device is operated and used by gally qualified professionals
Prescription Use✓(Part 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use (21 CFR 807 Subpart C)
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Indications for Use

K130442

510(k) Number (if known):

Device Name:	NewTom 5G		
Indications for Use:			
degree rotational sequences of temporo-mandibular-joint (TM cervical spine for use in diagno a three dimensional matrix of t volume, displaying both two a	omputed tomography x-ray imaging system that acquires a 360 The head including the ENT, dento-maxillofacial complex, (II), other areas of human skull and neck with sections of upper ostic support. The device accomplishes this task by reconstructing the examined volume and producing two dimensional views of this and three dimensional images. The device is operated and used by mologists and other legally qualified professionals.		
NewTom 5G is especially desi dento-maxillo-facial co teeth, mandible and jav temporal-mandibular jo ear, nose and throat (El sections of upper cervice	omplex imaging; w imaging for implant planning; oint (TMJ) imaging; NT) analysis;		
Prescription Use	AND/OR Over-The-Counter Use (21 CFR 807 Subpart C)		
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Concurrence of CDRH, Office of In Vitro Diagnostics and Radiological Health (OIR)			
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